## 1999 NATIONAL HIV PREVENTION CONFERENCE

## **Abstract 466**

TITLE: California HIV Counseling Information System: Surveillance, Evaluation and Quality

Assurance

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**ISSUE:** Even in those states that have HIV reporting, behavior and disease surveillance is needed to facilitate focused HIV prevention efforts. Millions of HIV counseling and testing services are provided annually but are little used as a surveillance tool even though clients are selfelected for HIV risk. Client-centered HIV counseling, when appropriately applied, has been shown to reduce client risk behavior but little program evaluation and quality assurance activities are conducted in most health jurisdictions.

**SETTING:** Throughout California, HIV counselors use a standard encounter form to provide detailed client risk assessments. Theseassessments set the stage for personalized risk reduction and HIV testing as well as providing complete risk profiles, HIV status and demographic information.

**PROJECT:** To maximize the effectiveness and utility of these HIV counseling and testing services, the Office of AIDS has developed the HIV Counseling Information System. This computer-supported process provides needed information to HIV counselors, clinic supervisors, public health administrators, program planners and researchers.

**RESULTS:** The HIV Counseling Information System has 80 users representing 600 clinics providing 200,000 HIV counseling and testing services annually. Data are created for clients, HIV counselors, clinic sites and program contractors and are used to create a wide variety of prorts available at the local and state levels to support behavior and disease surveillance, program evaluation and quality assurance activities.

**LESSONS LEARNED:** Appropriately organized and supported, HIV counseling and testing services not only provide key HIV prevention activities but also provide detailed risk assessment and serostatus for a very important population-those who avail themselves of public health services. The complete documentation of services enhances program-evaluation to identify areas for program improvement and information on HIV counselors allows quality assurance activities to continuously strengthen counselor skills in providing services. Key elements in a successful system are: recording and reporting of information is tightly tied to reimbursement for services; reimbursement is targeted to highrisk clients; information is readily available at the local level; the system is developed with a focus on the HIV counseling process; and provide regular traing and a central technical support system.

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